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## BIB DATA SHEET

CONFIRMATION NO. 7410

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/582,680	04/16/2007	424	1618	PN0399		
<b>APPLICANTS</b> Jo Klaveness, Oslo, NORWAY; Edvin Johannesen, Oslo, NORWAY; Helge Tolleshaug, Oslo, NORWAY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NO04/00395 12/17/2004 <b>** FOREIGN APPLICATIONS *****</b> NORWAY 20035748 12/19/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/25/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LEAH H SCHLIENTZ/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> GE HEALTHCARE, INC. IP DEPARTMENT 101 CARNEGIE CENTER PRINCETON, NJ 08540-6231 UNITED STATES						
<b>TITLE</b> Optical Imaging Contrast Agents						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		